

## REISSUE PATENT APPLICATION TRANSMITTAL

Address to: <b>Assistant Commissioner for Patents</b> <b>Box: Reissue Patent Application</b> <b>Washington, DC 20231</b>	Attorney Docket No.	P54562RE
	First Named Inventor	CHUN-GEUN CHOI
	Original Patent Number	6,025,823
	Original Patent Issue Date (Month/Day/Year)	February 15, 2000
	Express Mail Label No.	

1. ☒ APPLICATION FOR REISSUE OF: (check applicable box) ☒ Utility Patent ☐ Design Patent ☐ Plant Patent

APPLICATION ELEMENTS (37 CFR 1.173)	ACCOMPANYING APPLICATION PARTS
1. <input checked="" type="checkbox"/> Fee Transmittal Form (PTO/SB/56) <i>(Submit an original, and a duplicate for fee processing)</i> 2. <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. 3. <input checked="" type="checkbox"/> Specification and Claims in double column copy of patent <i>(amended, if appropriate)</i> 4. <input checked="" type="checkbox"/> Drawing(s) <i>(proposed amendments, if appropriate)</i> 5. <input checked="" type="checkbox"/> Reissue Oath/Declaration ( <b>executed</b> ) <i>(37 C.F.R. §1.175)(PTO/SB/51 or 52)</i> 6. <input checked="" type="checkbox"/> Original U.S. Patent currently assigned? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>(If Yes, check applicable box(es))</i> <input checked="" type="checkbox"/> Written Consent of all Assignees (PTO/SB/53) <b>-combined in Declaration</b> <input checked="" type="checkbox"/> 37 C.F.R. §3.73(b) Statement <input checked="" type="checkbox"/> Power of Attorney (PTO/SB/96) <b>-combined in Declaration</b>	7. <input checked="" type="checkbox"/> Statement of status/support for all changes to the claims. See 37 CFR 1.173(c). <b>-combined in Declaration</b> 8. <input checked="" type="checkbox"/> Original U.S. patent for surrender <input type="checkbox"/> Ribboned Original Patent Grant <input checked="" type="checkbox"/> Statement of Loss (PTO/SB/55)- <b>-combined in Declaration</b> 9. <input type="checkbox"/> Foreign Priority Claim (35 U.S.C. 119) <i>(If applicable)</i> 10. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS) PTO-1449 <input checked="" type="checkbox"/> Copies of IDS Citations 11. <input type="checkbox"/> English Translation of Reissue Oath/Declaration <i>(If applicable)</i> 12. <input checked="" type="checkbox"/> Preliminary Amendment, together with Status of Claims and Support for Claim Changes 13. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <i>(Should be specifically itemized)</i> 14. <input type="checkbox"/> Other: _____ _____ _____

## 15. CORRESPONDENCE ADDRESS


<input checked="" type="checkbox"/> Customer Number or Bar Code Label		008-439		or <input type="checkbox"/> Correspondence address below	
		(Insert Customer No. Or Attach bar code label here)			
Name	ROBERT E. BUSHNELL and Law Firm				
Address	1522 K Street, N.W., Suite 300				
City	Washington	State	D.C.	Zip Code	20005-1202
Country	U.S.A.	Telephone	(202) 408-9040	Fax	(202) 289-7100

NAME (Print/Type)	Robert E. Bushnell	Registration No. (Attorney Agent)	27,774
Signature	<i>Robert E. Bushnell</i>	Date	8 February 2002

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent & Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

REB/sb

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<b>REISSUE APPLICATION FEE TRANSMITTAL FORM</b>					Docket Number (Optional) <b>P54562RE</b>			
<b>Claims as Filed - Part 1</b>								
Claims in Patent	For	Number filed in Reissue Application	(3) Number Extra	Small Entity		Other than a Small Entity		
				Rate	Fee		Rate	Fee
(A) 8	Total Claims (37 CFR 1.16(j))  Independent Claims (37 CFR 1.16 (i))	(B) 73	****  73 - 20 = 53	×\$ ____ =		or	×\$ <u>18.00</u> =	\$ 954.00
(C) 2		(D) 21	*  21 - 3 = 18	×\$ ____ =			×\$ <u>84.00</u> =	\$ 1,512.00
Basic Fee (37 CFR 1.16(h))					\$ ____	OR		
Total Filing Fee					\$			
Total Filing Fee					\$	\$ <u>3,206.00</u>		
<b>Claims as Filed - Part 2</b>								
Total Claims (37 CFR 1.16(j))	(1) Claims Remaining After Amendment	MINUS	(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity		Other than a Small Entity	
					Rate	Fee		Rate
Total Claims	***	MINUS	**	*	×\$ ____ =		or	×\$ ____ =
Independent	***	MINUS	*****	0	×\$ ____ =			×\$ ____ =
Total Additional Fee					\$	OR		
Total Additional Fee					\$	\$		
<p>* If the entity in (D) is less than the entity in (C), Write "0" in column 3.</p> <p>** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.</p> <p>*** After any cancellation of claims.</p> <p>**** If "A" is greater than 20, use (B-A); if "A" is 20 or less, use (B-20).</p> <p>***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).</p> <p>Applicant claims small entity status. See 37 CFR 1.27.</p> <p><input type="checkbox"/> Please charge Deposit Account No. _____ In the amount of _____. A duplicate copy of this sheet is enclosed.</p> <p><input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. <u>02-4943</u>. A duplicate copy of this sheet is enclosed.</p> <p><input checked="" type="checkbox"/> A check in the amount of \$ <u>3,206.00</u> to cover the filing/additional fee is enclosed. <b>(Check #42002)</b></p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p style="text-align: center;"><b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b></p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 40%;"> <p><u>8 February 2002</u> Date</p> </div> <div style="width: 50%; text-align: center;"> <p> _____ Signature of Applicant, Attorney or Agent of Record</p> <p><b>Robert E. Bushnell</b> _____ Typed or printed name</p> </div> </div>								

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**FEE TRANSMITTAL**

Patent fees are subject to annual revision.

**Complete If Known**

Application Number	To be Assigned
Filing Date	8 February 2002
First Named Inventor	CHUN-GEUN CHOI
Examiner Name	To be Assigned
Group/Art Unit	To be Assigned

TOTAL AMOUNT OF PAYMENT (\$ 3,206.00)

Attorney Docket No. P54562RE (Reissue Application)

**METHOD OF PAYMENT (check one)****FEE CALCULATION (continued)**1. ☐ The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:**3. ADDITIONAL FEES**Deposit Account Number: 02-4943  
Deposit Account Number: \_\_\_\_\_

Large Entity		Small Entity		Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)		
105	130	205	65	Surcharge-late filing fee or oath	\$
127	50	227	25	Surcharge-late provisional filing fee or cover sheet	\$
139	130	139	130	Non-English specification	\$
147	2,520	147	2,520	For filing a request for reexamination	\$
112	920*	112	920*	Requesting publication of SIR prior to Examiner action	\$
113	1,840*	113	1,840*	Requesting publication of SIR after Examiner action	\$
115	110	215	55	Extension for reply within first month	\$
116	400	216	200	Extension for reply within second month	\$
117	920	217	460	Extension for reply within third month	\$
118	1,440	218	720	Extension for reply within fourth month	\$
128	1,960	228	980	Extension for reply within fifth month	\$
119	320	219	160	Notice of Appeal	\$
120	320	220	160	Filing a brief in support of an appeal	\$
121	280	221	140	Request for oral hearing	\$
138	1,510	138	1,510	Petition to institute a public use proceeding	\$
140	110	240	55	Petition to revive - unavoidable	\$
141	1,280	241	640	Petition to revive - unintentional	\$
142	1,280	242	640	Utility issue fee (or reissue)	\$
143	460	243	230	Design issue fee	\$
144	620	244	310	Plant issue fee	\$
122	130	122	130	Petitions to the Commissioner	\$
123	50	123	50	Petitions related to provisional applications	\$
126	180	126	180	Submission of Information Disclosure Statement	\$
581	40	581	40	Recording each patent assignment per property (Times number of properties)	\$
146	740	246	370	Filing a submission after final rejection (37 C.F.R. §1.129(a))	\$
149	740	249	370	For each additional invention to be examined (37 C.F.R. §1.129(b))	\$
Other Fee (specify) _____					\$
Other Fee (specify) _____					\$

\*\* Reduced by Basic Filing Fee Paid

**SUBTOTAL (3) \$0.00****FEE CALCULATION****1. BASIC FILING FEE**

Large Entity		Small Entity		Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)		
104	740	201	370	Utility filing fee	\$
106	330	206	165	Design filing fee	\$
107	510	207	255	Plant filing fee	\$
108	740	208	370	Reissue filing fee	\$740.00
114	160	214	80	Provisional filing fee	\$
<b>SUBTOTAL (1)</b>				<b>(\$)</b>	<b>740.00</b>

**2. EXTRA CLAIM FEES**

			Extra Claims		Fee from below	Fee Paid
Total claims	73	-20** =	53	x	\$18.00	= \$954.00
Independent Claims	21	-3** =	18	x	\$84.00	= \$1,512.00

Multiple Dependent

\*\* or number previously paid, if greater; For Reissues, see below

Large Entity Small Entity

Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	
103	18	203	9	Claims in excess of 20	
102	84	202	42	Independent claims in excess of 3	
104	280	204	140	Multiple dependent claim, if not paid	
109	84	209	42	** Reissue independent claims over original patent	
110	18	210	9	** Reissue claims in excess of 20 and over original patent	

**SUBTOTAL (2) (\$)** 2,466.00**SUBMITTED BY****Complete (if applicable)**

Typed or Printed Name

Robert E. Bushnell, Esq.

Reg. Number

27,774

Signature

Date

8 February 2002

Deposit Account User ID

REB/sb

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of: CHUN-GEUN CHOI

Original Patent No. 6,025,823 issued on 15 February 2000

Serial No.: *to be assigned*

Examiner: *to be assigned*

Filed: 8 February 2002

Art Unit: *to be assigned*

For: COLOR CURVE CONTROL CIRCUIT AND METHOD

**STATUS OF CLAIMS AND SUPPORT FOR CLAIM CHANGES**  
**ACCORDING TO 37C.F.R. §1.173(C) FILED CONCURRENTLY WITH**  
**THE PRELIMINARY AMENDMENT FOR REISSUE APPLICATION**

**BOX: REISSUE**

Assistant Commissioner  
for Patents  
Washington, D.C. 20231

Sir:

In accordance with 37CFR§1.173(c) that requires a status of claims and support for claim changes, the following is included. Claims 1 through 73 are pending in this reissue application. Claims 9 through 73 are being newly added with the preliminary amendment filed concurrently with the reissue application.

The following includes an explanation of the support in the disclosure of the patent for the additional claims. The added claims 9 through 73 are supported as a whole by Figures 1 through 3 and the entire specification of the present patent. Specifically, for example, added claims 9-14, and 15 are sets of method claims supported by for example by column 5, line 39 to column 7, line 21 with respect to figure 3. Added claims 16-22, and 23 are also for example supported by col. 5, line 39 to col. 7, line 21 with respect to figure 3. Added claims 24-27, 28-31, and 32-38 are sets of method claims supported by disclosure relating to figure 3 for example. Added claims 39-49, and 50-60 are apparatus claims that are for example supported by figures 1, 2 and the corresponding disclosure in the specification. Added claims 61-62, 63, 65, 68, and 69-73 are method claims that are for example supported by the disclosure relating to figure 3. Added claims 64, 66, and 67 are

Page 2 of 2

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Serial No.: *to be assigned*

Examiner: *to be assigned*

Filed: 8 February 2002

Art Unit: *to be assigned*

For: COLOR CURVE CONTROL CIRCUIT AND METHOD

**TRANSMITTAL OF DECLARATIONS**

Assistant Commissioner  
for Patents  
Washington, D.C. 20231

Sir:

This transmittal accompanies:

1. Reissue Application Declaration by the Assignee (PTO/SB/52); and
2. Reissue Application Declaration by the Inventor (PTO/SB/51).

For the above captioned reissue application.

Respectfully submitted,



Robert E. Bushnell,  
Attorney for the Applicant  
Registration No.: 27,774

Suite 300, 1522 "K" Street, N.W.  
Washington, D.C. 20005  
(202) 408-9040

Folio: P54562RE  
Date: 2/8/02  
I.D.: REB/sb

2002 FEB 08 10 00 AM

1. The first step is to identify the problem. This involves understanding the symptoms and the context in which they are occurring.